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7590 04/25/2005

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07/19/2005 HDEMESS2 00000011 10719240

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YAKOV AVIDON	(Depositor's name)
<i>Yakov Avidon</i>	(Signature)
JULY, 14 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/719,240	11/21/2003	Yakov Avidon	23-0297	2190

TITLE OF INVENTION: BATHTUB ASSISTANCE APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	07/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILLIPS, CHARLES E	3751	004-577100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

YAKOV AVIDON

NORTH HAVEN, CT USA.

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
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Authorized Signature

Yakov Avidon

Date

7-14-05

Typed or printed name

YAKOV AVIDON

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